

# WHAT to BRING to be ready for your DOT Physical

**Please read below to ensure a timely DOT exam and avoid a delay in getting your medical card.**

Look for a DOT Physical Exam TEXT or email message with the Link to Pre-fill your medical history. You can also email us for the link to complete this form on a computer. [Annette@theDOTExamcenter.com](mailto:Annette@theDOTExamcenter.com)

Please fill in the health questions, this will save you time.

- Bring your driver's license, a current copy of your DOT medical card if you have one, and a copy or access to the **most recent chart note/office visit from your provider.**
- In the health history portion of the exam form, include a complete list of all surgeries you have had in your lifetime and ALL of your current medications, vitamins, etc. including dosages and reason for taking them.
- Bring eyeglasses, contacts, and hearing aids to pass the vision and hearing tests.
- Drink water on your way. There will be a small medical urine test to check blood sugar, protein, etc.
- Limit salt, caffeine, tobacco, alcohol, and stress the night before and the morning of your exam.
- Please make sure to take blood pressure and other medications as prescribed and eat as usual.
- Bring a printed version or picture of the required documents on your phone.

## **Are You Being Treated for Sleep Apnea?**

- Bring in a printed report from your CPAP machine for usage over the past 90 days, or your SD card, as we can read these
- Bring a letter from a certified sleep specialist if having trouble using your CPAP, that this is in process

**Are You Being Treated for Diabetes?** • Bring a copy of your A1C taken within 3 months

- **Insulin use requires form MCSA 5870 – PRIOR to Physical**

**On Warfarin?** Bring a copy of your INR taken within 3 months

**Have You Had Any Heart-Related Issues, AFIB, Including Stents, Pacemakers, Heart Attack, Arrhythmia, Open Heart Surgery or Bypass Surgery? Lung Conditions including COPD or Emphysema?**

- Bring in a **clearance letter from your Cardiologist or MD, regarding your health condition and ability to safely drive a CMV**. Some heart/lung-related conditions require pulmonary function, stress test or echocardiogram every 1-2 years. **Exercise Stress test must be greater than 6 METs, LVEF > than 40%**

**Medications for pain, restless leg, neuropathy, sleep, Bipolar, ADD, ADHD, Depression, Anxiety, etc.**

- Bring in a clearance letter from your treating physician regarding the reason for the medication and **statement regarding your ability to safely drive a commercial motor vehicle (CMV)**

**History of a stroke, brain tumor, seizure, or other issue?**

- Bring in a **clearance letter from your Neurologist to safely drive a CMV.**

**Are You Returning to Work Following an Accident, Surgery, or Illness?**

- Bring in a letter from the treating physician releasing you to return to **full duty, with no limitations.**

**Vision needs to be 20/40 in each eye    Blood pressure 139/89 or less    A1C between 6.0-9.5**

**Vision Evaluation Report (MCSA-5871) if permanent loss of vision in one eye, Prior to Physical**

Please call with any questions. **Phone: 503-287-3725**

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